

WAHA Point System Reporting for Horse and Exhibitor

NAME OF SHOW / COMPETITIVE TRAIL RIDE / ENDURANCE RIDE	DATES	NAME OF HORSE
OWNER'S NAME	SHOW SECRETARY'S NAME	NAME OF EXHIBITOR*
ADDRESS	SHOW SECRETARY'S PHONE NUMBER	One form per horse per show
CITY, STATE, ZIP	SEND TO: WAHA C/O Jessica Dillingham, W5639 Anokijig Lane, Plymouth, WI 53073	

Class Number	Class Name (Distance of Endurance Ride, or Competitive Trail Ride)	Place	Horse Points	Horse Division #	Exhibitor* Division #	Exhibitor* Points	Rider/Handler Name
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**Use only if entered in Exhibitor Divisions*

TOTALS BY DIVISION	Division Number	Total Points
Horse Total Points by Division Number <i>As shown on this form (from divisions 1-17)</i>		
Exhibitor Total Points by Division Number <i>As shown on this form (from divisions 18-23)</i>		

TOTALS	
Total LOM/SLOM Halter Points	
Total LOM/SLOM Performance Points	

Endurance Rides	
Did you complete the ride? (circle one)	Yes or No
Best conditioned horse? (circle one)	Yes or No
Overall winning horse of the ride?	Yes or No